Approved for use through oscarzoff, OMB 0851-0032

Under the Paperwork Reduction Act of 1895, his persons are regulated to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RESERD Substitute for Form PTO-876 Application or Dooket Number APPLICATION AS FILED - PART L (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (\$) (87 OFR 1.16(a).(b); or (c)) . N/A RATE (\$) FEE (\$) N/A . NA SEARCH FEE N/A (87 CFR 1.16(K), (D, or (m)) N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (p), or (q)) N/A NA N/A N/A . NVA TOTAL CLAIMS NA (37 CFR 1.16(1)) mlnus 20 = 26 = INDEPENDENT CLAIMS OR 50 (37 OFR 1.16(h)) minus 3. x 105 = If the specification and drawings exceed 100 200. sheets of paper, the application size lee due APPLICATION SIZE ls \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(a)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) 185 f the difference in column 1 is less than zero, enter *0* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY EXTRA RATE (\$) MENDMENT ADDF" PAID FOR TIONAL Total. TIONAL FEE (\$) Minus FEE (\$) ENDW 25 Independent Of DER 1,16(b) Minus OR. x . 50 Application Size Fee (87 CFR 1.16(s)) x 105 = 210 3. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 370 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT AFTER AMENDMENT RATË (\$) ADDI-PREVIOUSLY RATE (\$) EXTRA ADDI-TIONAL FEE (\$) PAID FOR Total (37 CFR 1.160) Minus FEE (\$) 15 macpendent proff-1.16(N) Minus 50 OR × 105 = Application Size Fee (37 CFR 1.16(s)) OR x 210 FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (37 OFR 1.16(1)) 185 OR If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing file burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Oommissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL ADD'L FEE TOTAL

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